

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	CD NO.	DATE
FEE DETERMINATION			
Q.A.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

+ _____ Rejected
 - _____ Allowed
 - (Through examiners) Cancelled
 + _____ Restricted
 H _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Opposed

Claim	Opposed	Appeal	Interference	Non-elected	Cancelled	Allowed	Rejected
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Claim	Opposed	Appeal	Interference	Non-elected	Cancelled	Allowed	Rejected
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Date		Date	
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